MAXIMUS Federal Services

| Case Number: | CM15-0052277 | | |
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| Date Assigned: | 03/25/2015 | Date of Injury: | 09/30/2003 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 03/19/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 71 year old female sustained an industrial injury on 12/08/12. She subsequently reported multiple areas of injury. Diagnoses include sprain in lumbar region, carpal tunnel syndrome, lumbosacral disc degeneration and osteoarthritis. Diagnostic testing has included x-rays and MRIs. Treatments to date have included surgery, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck pain with radiation to her upper extremities and low back pain with radiation to the lower extremities. Requests for Office visit for medication management, Office visit for preoperative history and physical and Transportation to and from the surgery center were made by the treating physician. It was noted that transportation is needed for the outpatient left carpal tunnel surgery as the patient lives alone and has no one to take her and no family member or close friend is available. She has transportation for office visits and PT, and it is only needed on the day of surgery. If medication continues to be authorized, she does not need medication management consult.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Office visit for medication management:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-103.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for office visit for medication management, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the requesting physician noted that this consultation is not needed if the medication continues to be authorized. It appears that the patient's medication was authorized and, regardless, there is no clear rationale for the request should the medications not have met the criteria for medical necessity. In light of the above issues, the currently requested office visit for medication management is not medically necessary.

**Office visit for pre-operative history and physical:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA ACOEM Chapter 7: Independent Medical Examinations and Consultations, pages 104-164.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Carpal Tunnel Syndrome Chapter, Office visits.

**Decision rationale:** Regarding the request for office visit for pre-operative history and physical, California MTUS does not specifically address the issue. ODG cites that: the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Within the documentation available for review, it is noted that the patient has a pending carpal tunnel release surgery. An office visit for a preoperative H&P is appropriate to evaluate for conditions that may complicate the performance of the surgical procedure, answer any remaining questions that the patient may have prior to the procedure, etc. In light of the above, the currently requested office visit for pre-operative history and physical is medically necessary.

**Transporation to and from surgery center:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation is appropriate when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, the provider notes that the patient requires transportation on the day of the surgery as she lives alone and has nobody available to assist her on that day. While some form of public transportation would be reasonable for office visits, PT, etc., it would not likely be feasible immediately following a surgical procedure. In light of the above, the currently requested transportation is medically necessary.